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THE PERSON NAMED IN COLUMN TO PERSON NAMED I	DE MENTE	n of: Kitten	, Gary S., et al.		00000							
Serial No.		09/672,131			6	Examiner: Lee, Christop			pher E.	her E.		
Filed:		September 27, 2000			9	Group Art Unit: 2		2189				
For:	MECHANISM TO DISABLE DYNAMICALLY A COMPUTER AUDIO INPUT/OUTPUT CONNECTOR				တတတတ	RECEIV JUL 1 0						
Commis P.O. Bo	op Non-F ssioner fo x 1450 dria, VA 2	r Patent	s							Technology	Center 2100	
Sir:				<b>~</b>								
	In respo	onse to th	he Office action d	ated April 7, 2	003, 6	enclosed	are the t	following	regarding	the above-		
identifie	d patent	application	on:									
	<ol> <li>Amendment and Request for Reconsideration Under 37 CFR §1.111;</li> </ol>											
	2.	Return	postcard; and									
	3.	Transm	nittal letter (in dup	licate).								
[ ]		ntity status of this application has been established by a previously submitted verified statement under 37 C.F.R. and 1.27.										
[X]	No addit	ional fee i	s required.									
The fee	has been (	calculated	as shown below:									
(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY			
	CLAIMS REMAIN AFTER AMENDA		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE		
TOTAL	. 13	minus	16	= 0		x 9	\$	OR	x 18	\$0.00_		
INDEP	2	minus	2	= 0		x 42	\$	OR	x 84	\$0.00_		
[]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ 140	\$	OR	+ 280	\$		
						TOTAL	\$	OR	TOTAL	\$ <u>0.00</u>		
	* **	If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.										
				•					·			
		_	hest Number Previou mendment or the nur	•		•	nt) is the h	ighest num	ber found	from the equivalent	box in Col. 1 of	
[]		Please	charge Deposit A	Account No. [0	8-139	4 H&B] i	n the am	ount of \$				

[ ] [X]

A check in the amount of \$ \_\_\_\_\_ is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. [08-1394 H&B, Order No. 16356.739] (DC-02366)].

[X] Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. § 1.17.

[X] A copy of this sheet is enclosed.

Respectfully submitted,

REGISTRATION NO. 26,528

Phone: 512/867-8407 Fax: 512/867-8470

A-150954.1

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on

Date

Signature

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Typed/Printed name of person signing Certificate